

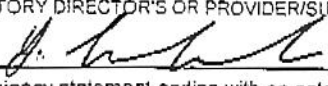
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/23/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445239	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2011
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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF MORGAN COUNTY	STREET ADDRESS, CITY, STATE, ZIP CODE 419 SOUTH KINGSTON STREET WARTBURG, TN 37887
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure all areas were sprinkled. The findings include: Observation and interview with the Maintenance Director on September 26, 2011 at 2:55 p.m. confirmed the sprinkler riser room was not sprinkled.	K 056	1) A contract vendor was contacted September 28, will install a new sprinkler head in the sprinkler riser room by October 10th. 2) Maintenance Director and Assistant Maintenance Director will complete a 100% audit of all areas of the building for sprinkler coverage by 10/21/2011. Maintenance Director will report audit findings to the Performance Improvement Committee. 3) Maintenance Director or Assistant Maintenance Director will audit entire facility monthly x 3 months to ensure that all areas are covered by the sprinkler system by 10/21/2011.	10/28/11 10/21/11 10/21/11
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation and interview, the facility	K 062	1) Maintenance Director will check sprinkler piping to ensure that there are no non-system components that are resting on the sprinkler piping by 10/28/11. 2) Maintenance Director and/or Assistant Maintenance Director will complete a 100% audit of attic sprinkler piping to ensure nothing is contacting it. Maintenance Director will report audit finding to the Performance Improvement Committee by 10/28/2011.	10/28/11 10/28/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Executive Director	(X6) DATE 10/17/11
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0301

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER IDENTIFICATION NUMBER 445239	(X2) MULTIPLE CONSTRUCT A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2011
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF MORGAN COUNTY			STREET ADDRESS, CITY, STATE, ZIP CODE 419 SOUTH KINGSTON STREET WARTBURG, TN 37887	
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K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure all areas were sprinkled. The findings include: Observation and interview with the Maintenance Director on September 26, 2011 at 2:55 p.m. confirmed the sprinkler riser room was not sprinkled.	K 056	4) Maintenance director will report audit findings monthly to the Performance Improvement Committee to assure compliance. Performance Committee members include, E.D., DON, ADON, RSM, Activities Director, Social Services Director, Dietary Manager, Housekeeping Supervisor, SDC, HIM, Medical Director, Pharmacy Consultant, and Psycho Services.	10/28/11
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation and interview, the facility	K 062	3) Maintenance Director and/or Assistant Maintenance Director will audit attic areas monthly to ensure that there are no non-system components that are lying on the sprinkler piping.	10/28/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*J. Huber**Executive Director*

10/17/11

any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 062	Continued From page 1 failed to assure the sprinkler system piping was not used to support non-system components. (NFPA 13, 9-1.1.7) The findings include: Observation and interview with the Maintenance Director, in the Attic, on September 26, 2011 at 1:30 p.m. wiring in the attic above the medical records room and wheelchair room was laying on sprinkler piping.	K 062			
K 067 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: Based on observation and interview, interview and record review, the facility failed to assure fire dampers were maintained in accordance with NFPA 90A, 3-4.7. The findings include: Record review and interview with the Maintenance Director on September 26, 2011 at 3:30 p.m. confirmed the facility failed to perform the 4-year required maintenance to fire dampers. Record review indicated only six (6) fire dampers in the facility were checked in 2008. Observation of ductwork in the attic with the Maintenance Director on September 26, 2011 at 2:30 p.m. confirmed two (2) ducts were disconnected above the wheelchair room.	K 067	4) Maintenance Director will report audit findings to the Performance Improvement Committee to assure compliance and completed 4-year fire damper inspection by 10/28/2011. Performance Committee members include, E.D., DON, ADON, RSM, Activities Director, Social Services Director, Dietary Manager, Housekeeping Supervisor, SDC, HIM, Medical Director, Pharmacy Consultant, and Psyche Services.	10/28/11	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD	K 147	1) Maintenance Director and/or Assistant Maintenance Director will complete the annual bomb threat drill by 10/21/11.	10/21/11	

10/17/11

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<p>K 147 Continued From page 2</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure electrical outlets were maintained.</p> <p>The findings include: Observation and interview with the Maintenance Director September 26, 2011 at 2:10 p.m. confirmed two (2) electrical outlets in the beauty shop were loose and in room 127, a damaged electrical outlet with a broken ground plug was located on the wall behind a sideways bed with metal side rail.</p> <p>Based on observation and interview, the facility failed to assure extension cords and multiple outlet adapters were not used (NFPA 99, 3-3.2.1.2 (d) (2) states: There shall be sufficient receptacles located so as to avoid the need for extension cords or multiple outlet adapters.)</p> <p>The findings include: Observation and interview with the Maintenance Director, on September 26, 2011 at 2:40 p.m. confirmed room 136 had an Oxygen concentrator and a tube feeder plugged into a power strip.</p>	<p>K 147</p> <p>1) Oxygen concentrator and tube feeding machine plugged into a power strip in room 136 was moved to a wall outlet on 10/13/2011 by maintenance assistant. 10/13/11</p> <p>1) Electrical outlets in the beauty shop and room 127 were repaired by maintenance assistant by 10/13/2011. 10/13/11</p> <p>2) Maintenance Director will coordinate/complete the education of facility associates on the bomb threat protocol by 10/28/2011.</p> <p>2) Maintenance Director and/or Assistant Maintenance Director will conduct a 100% audit of all resident rooms containing medical devices to verify that they are appropriately plugged into a wall outlet by 10/21/2011. 10/21/11</p> <p>2) Maintenance Director and/or Assistant Maintenance Director will complete a 100% audit of electrical outlets in the facility by 10/21/2011 to ensure proper function/security.</p> <p>3) Maintenance Director and/or Assistant Maintenance Director will schedule next bomb threat drill to be completed for April 27, 2012 to ensure annual completion of drills.</p> <p>3) Maintenance Director and or Assistant Maintenance Director will audit 5 random resident rooms containing medical devices monthly x 3 months to ensure that the devices are plugged into a wall outlet. 10/21/11</p>
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10/17/14